



DEPARTMENT OF THE NAVY  
COMMANDER  
HELICOPTER TACTICAL WING  
U.S. PACIFIC FLEET  
NAS NORTH ISLAND P.O. BOX 357096  
SAN DIEGO, CALIFORNIA 92135-7096

COMHELTACWINGPACINST 1720.1A  
N1

**MAR 02 1999**

**COMHELTACWINGPAC INSTRUCTION 1720.1A**

Subj: STAFF SPONSOR, CHECK-IN/CHECK-OUT AND INDOCTRINATION PROGRAM

Ref: (a) MILPERSMAN 1810560  
(b) MILPERSMAN 1810580  
(c) OPNAVINST 1740.3

Encl: (1) Sample Command Welcome Aboard Letter  
(2) Recall/Emergency Data Information Sheet (CHTWP Form 1720/1)  
(3) Check-in/Check-out Sheet (CHTWP Form 1720/2)  
(4) Indoctrination Sheet (CHTWP Form 1720/3)  
(5) Dependent Care Certificate (NAVPERS Form 1740/6)  
(6) Sample Sponsor Letter  
(7) Notice of Change of Address Card (OPNAV Form 5110/5)  
(8) Navy Sponsor Program Questionnaire (CHTWP Form 1720/5)

1. Purpose. To promulgate the COMHELTACWINGPAC (CHTWP) Sponsor, Check-in/Check-out and Indoctrination Program per the provisions of references (a) through (c).

2. Cancellation. COMHELTACWINGPACINST 1720.1.

3. Background. Experience has proven that the manner in which a command assists an individual prior to and during the first few days onboard will have a long term effect on his/her attitude and performance in the command. The main objective of this program is to reduce the apprehension normally associated with a PCS move and to facilitate the new command member's transition from one location to another. A sponsor will be assigned in all cases unless specifically refused.

4. Action

a. Administrative Officer shall:

(1) Prepare enclosure (1), "Welcome Aboard" letter, to be signed by the Commodore for incoming officers; enlisted personnel letters will be signed by the Chief Staff Officer.

(2) Advise the responsible Department Head of the incoming individual and request the name of an assigned sponsor. When possible, sponsors will be matched with the incoming member based on:

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(a) Marital Status - To foster an appreciation of common needs and concerns.

(b) Military Grade - Sponsor should be equal in grade or higher than incoming member.

(3) Ensure a "Welcome Aboard" package is provided for inclusion with the "Welcome Aboard" letter. The "Welcome Aboard" package should include, but not be limited to information on: government/civilian housing availability, temporary lodging, child care facilities, commissary/exchange facilities, recreational facilities, schools, maps, etc.

(4) Instruct all new personnel to complete and return enclosure (2) within one working day of reporting, enclosures (3), (4), and (5) (if appropriate) within two working days.

(5) Ensure the member receives a copy of enclosure (8), to be turned in to the Command Master Chief during check-in.

(6) File completed enclosures (2) and (3) in the CHTWP Check-in/Check-out binder.

b. Cognizant Department Head shall:

(1) Assign a sponsor within one working day of notification of incoming personnel.

(2) Ensure the assigned sponsor understands his/her duties and responsibilities.

c. Sponsor shall:

(1) Be familiar with the contents of this instruction and reference (c).

(2) Make every effort to contact the incoming individual by telephone or via letter. Enclosure (6) is a guide.

(3) Answer all correspondence promptly.

(4) Ensure the incoming individual receives a copy of enclosures (3) and (4) from the Admin Office.

(5) Assist with temporary transportation.

(6) Make hotel/motel, Navy Lodge, or BOQ/Barracks reservations if needed when a firm arrival date is known.

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(7) Escort the new arrival throughout the check-in and indoctrination/interview process, ensuring the new arrival schedules an appointment for check-in at PSD North Island. The following documents/information are required in order to complete the check-in process at PSD.

(a) Service and Pay records (if still in member's possession).

(b) All receipts pertaining to transfer (to file travel claim).

(c) Copy of lease/mortgage agreement to receive a housing allowance (if applicable).

(d) Current addresses of dependents/relatives required for updating page 2 of the service record.

(e) Exceptional Family Member (EFM) Program application (if required).

(8) Assist in application for base housing and vehicle decal.

(9) Visit the Family Service Center with the newly reporting member.

(10) Ensure the newly reporting member has checked in with the Housing Referral Office prior to making any rental agreements.

(11) Provide information on elementary and secondary schools and their location, etc.

(12) Furnish the Wing Ombudsman information on the new arrival so he/she may assist if required.

(13) Brief the member and family on medical facilities available.

(14) Continue to assist the new member and his/her family after arrival until "settled in."

d. Check-out procedures for all CHTWP military personnel:

(1) Upon receipt of PCS orders from CHTWP and an approved transfer date all military personnel shall:

(a) Ensure PSD receives a copy of the orders so they can prepare a Transfer Information Sheet (TIS).

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(b) Provide CHTWP Admin with a copy of the orders for filing in the Check-in/Check-out Binder.

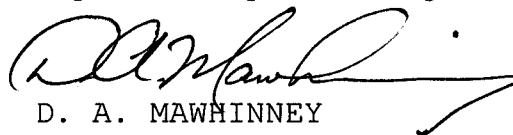
(2) Two days prior to departing CHTWP the service member shall report to CHTWP Admin Office to pick up their original Check-in/Check-out sheet and complete enclosure (7).

(3) On the final day of check-out, the service member shall report to the CHTWP Admin Office and:

(a) Sign a Security Termination Statement if retiring or departing from the Naval Service or receive a security debriefing if transferring.

(b) Receive their CACO envelope.

(c) Pick up a field service record copy of his/her evaluation to complete transfer/separation processing with PSD.

  
D. A. MAWHINNEY

Distribution:

COMHELTACWINGPACINST 5216.1C (CH-1)

List I

COMHELTACWINGPACINST 1720.1A

**MAR 02 1999**

COMMAND WELCOME ABOARD LETTER

5216  
Ser N00/  
(Date)

(Member's rate/name)  
Address

Dear \_\_\_\_\_,

On behalf of the officers and enlisted members of Staff, Helicopter Tactical Wing, U.S. Pacific Fleet, I would like to take this opportunity to welcome you aboard.

COMHELTACWINGPAC exercises administrative and operational control over HC squadrons on the West Coast. These squadrons play a major role in the accomplishments of the Navy's sea control mission and this staff strives to ensure that they are supported in the best possible manner.

Your sponsor is \_\_\_\_\_. He/she will be contacting you soon to assist and provide you information about San Diego. You will be assigned to the \_\_\_\_\_ Department. Your Department Head is \_\_\_\_\_. Please feel free to contact your Department Head or your sponsor at (619) 545-5288, DSN 735-5288 or write to the following address if you have any questions or need any assistance:

Commander,  
Helicopter Tactical Wing,  
U.S. Pacific Fleet  
Naval Air Station, North Island  
P.O. Box 357096  
San Diego, CA 92135-7096

Enclosures (1) through (3) are forwarded for your convenience. Once again, welcome aboard HELTACWINGPAC. I am sure you will enjoy your tour. I look forward to your arrival.

Sincerely,

D. A. MAWHINNEY

Encl:

- (1) Recall Emergency Data Sheet
- (2) COMHELTACWINGPAC Check-in Sheet
- (3) NAS North Island Map

Encl (1)

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RECALL/EMERGENCY DATA INFORMATION SHEET\_\_\_\_\_  
Date

Name: \_\_\_\_\_

First/Middle/Last

\_\_\_\_\_  
Rate/Rank

SSN: \_\_\_\_\_

Date Reported: \_\_\_\_\_

EAOS: \_\_\_\_\_

YY/MM/DD

YY/MM/DD

PRD: \_\_\_\_\_

Marital Status: \_\_\_\_\_

DOR: \_\_\_\_\_

DOB: \_\_\_\_\_

YY/MM

YY/MM/DD

YY/MM/DD

Designation: \_\_\_\_\_

Type Duty: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_

PH# \_\_\_\_\_

NAME OF CHILDREN

CHILDREN DOB

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

PH# \_\_\_\_\_

PRIVACY ACT STATEMENT

The authority to request this information is contained in USC 301, Departmental Regulation. The principle purpose of the information is to be used to assist official employees of the Department of the Navy in the case of an emergency. Completion of this form is voluntary. However, failure to furnish all information may prevent or delay personnel in contacting needed family members.

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## COMHELTACWINGPAC CHECK-IN/OUT FORM

NAME: \_\_\_\_\_ RANK/RATE: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DEPT: \_\_\_\_\_ PRD/EAOS: \_\_\_\_\_/\_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE INITIAL NEXT TO YOUR CODE IF APPLICABLE

	Check-In	Check-Out
Commander (By Appt Only)	_____	_____
Chief Staff Officer (Open Door Policy)	_____	_____
Executive Secretary		
(1) Sked CO appointment	_____	
(2) Complete bio	_____	
Admin Officer		
(1) Notify Sponsor	_____	
(2) Provide Indoc Sheet	_____	
Security Manager	_____	_____
Legal Officer	_____	_____
Public Affairs Officer	_____	_____
ADP Security Officer	_____	_____
Physical Security Officer	_____	_____
First Lieutenant		
(1) Assign parking space	_____	
(2) Assign locker	_____	
Command Master Chief	_____	_____
Department Head	_____	_____
Supply		
(1) Nametag	_____	
(2) Rockers (for E1-E6)	_____	
Safety/NAVOSH Manager	_____	_____
Staff Career Counselor	_____	_____
DAPA	_____	_____
PRT Coordinator	_____	_____

RETURN THIS FORM TO CHTWP ADMIN OFFICE WHEN COMPLETE

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HELTACWINGPAC CHECK-IN PROCEDURES

During normal working hours 0730 - 1600 Monday through Friday, report to CHTWP Admin Office. After normal working hours report to Command Duty Officer, Naval Air Station, North Island. If a member checks in after normal working hours, he/she will report to CHTWP Admin on the following work day prior to proceeding to PSD.

The following documents/information are required in order to complete your check-in process at PSD:

- a. Service and Pay records.
- b. All lodging receipts pertaining to transfer.
- c. Copy of lease/mortgage agreement for BAH (if applicable).
- d. Current addresses of dependents/relatives required for page 2 update.

Failure to provide the required documentation at time of check-in at PSD could delay your check-in process and result in monetary loss due to delays in entitlement processing.



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**COMHELTACWINGPAC INDOCTRINATION SHEET**

Name \_\_\_\_\_

Rate \_\_\_\_\_

1. Commander

a. General

b. Individual Contribution in Accomplishment of Wing Mission

Date \_\_\_\_\_

Signature \_\_\_\_\_

2. Chief Staff Officer

a. General

b. Command Organization and Regulations

Date \_\_\_\_\_

Signature \_\_\_\_\_

3. Admin Department

a. Duties and Responsibilities of Admin Dept

- (1) Retain Recall Sheet
- (2) Retain completed Check-in Sheet
- (3) Retain copy of most recent eval
- (4) Update command rosters

b. Admin Dept Regulations and Procedures

- (1) Leave requests/procedures
- (2) TEMADD procedures/requests/claims
- (3) Use of Admin Office equipment (copier, fax)

c. Required Reading File

- (1) CO's Policy Statements
- (2) HELTACWINGPACINST 5215

d. Security Clearance/Briefings

- (1) Collect 5520/1
- (2) Provide security briefing

e. Legal Matters

- (1) Completion of CACO Questionnaire
- (2) Wills/Power of Attorney/Notary
- (3) Dependent Care Certificate
- (4) Long distance phone call policy/log in procedures

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f. Public Affairs - Hometown News Release Form

4. Command Master Chief

- a. Duties and Responsibilities of CMC
- b. Chain of Command
- c. Expectations/Performance Evaluations
- d. Uniform Requirements
- e. Barracks/Living Ashore/BAH
- f. Duty Hours/Liberty/Leave
- g. Coffee Mess/Hearts and Flowers
- h. Request Chits
- i. Grievance Procedures
- j. Off Limit Areas
- k. Open Door Policy
- l. EFM Program brief per reference (d)
- m. Obtain members Navy Sponsor Program Questionnaire
- n. Code of Conduct

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

5. Operations Department

- a. Department Organization
- b. Duties and Responsibilities of Department
- c. CMEO Program Brief
- d. NR&R Training

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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6. Maintenance Department/Supply

- a. Department Organization
- b. Duties and Responsibilities of Department
- c. Energy Conservation
- d. Supply Requisitioning Procedures
- e. Custody Card
- f. Training Petty Officer (MTIP)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

7. Safety Officer

- a. Auto/Motorcycle Safety
- b. General Home Safety
- c. Ramp Safety
- d. Tool Safety
- e. Swimming

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

8. Drug and Alcohol Program/Urinalysis Program Coordinator

- a. Drug and Alcohol Program Briefing
- b. Command Policy
- c. Supervisory Training
- d. Urinalysis

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

9. Command Career Counselor/ESO

- a. Reporting Interview per NAVPERS 15878
- b. PSD ESO Office
- c. Navy Campus Office
- d. Interview Tickler

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e. Training Courses

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

10. First Lieutenant

a. Care and Cleanliness of Wing Spaces

b. Parking:

(1) Space # \_\_\_\_\_

c. Internal Trouble Calls

d. Car Pools

e. NAS Bus Schedule/Routes

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

11. Senior Watch Officer

a. Duties and Responsibilities

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

12. Physical Security Officer

a. Physical Security Brief

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

13. IS Security Officer

a. IS Security Brief

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

14. Training Officer - GMT Training

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

15. HRO

a. CMEO Program Brief

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b. GMT Program

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

16. PRT Coordinator

a. PRT Program Brief

b. Collect OPNAV 6110/2 (PRT Folder)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

17. Voting Officer

a. Voting Brief

18. Parent Department Head

a. Base Tour with Sponsor:

(1) Navy Exchange Facilities

(2) Special Services/Recreational Facilities

(3) Wing and Squadron Spaces

(4) NAS Headquarters

(5) CNAP Headquarters (NASNI)

(6) Transportation Office (SATO)

(7) Base Security (auto decals)

(8) Family Service Center/Navy Relief/Red Cross

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Member's Signature \_\_\_\_\_

# DEPARTMENT OF THE NAVY FAMILY CARE PLAN CERTIFICATE

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**PRIVACY ACT ADVISEMENT**

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

**PRINCIPAL PURPOSE:** To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

**ROUTINE USES:** To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are conduct authorized investigation, and other lawful purposes.

**DISCLOSURE IS VOLUNTARY:** Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

**PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS**

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.

Initials

2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.

3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.

4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.

5. My normal working hours are \_\_\_\_\_ ve made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer.

6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.

7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status.

8. All of my dependents are 19 years or older and capable of self-care.

9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.

10. In the event of my death or incapacity, \_\_\_\_\_ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.

11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.

TYPED OR PRINTED NAME, GRADE/RATE, &amp; SSN

SIGNATURE

DATE

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**PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS****CAREGIVER ACKNOWLEDGMENT**

12. I agree to accept responsibility and provide care for the family members of \_\_\_\_\_ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on : (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.

A. Member's absence is for a duration of less than 30 days.

SIGNATURE

ADDRESS (Include ZIP Code)

TYPED OR PRINTED NAME

PHONE NUMBER (Include Area Code)

WITNESS

WITNESS SIGNATURE

B. Member's absence is for a duration of greater than 30 days.

SIGNATURE

ADDRESS (Include ZIP Code)

TYPED OR PRINTED NAME

PHONE NUMBER (Include Area Code)

WITNESS

WITNESS SIGNATURE

**PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS****CAREGIVER ACKNOWLEDGMENT**

13. I agree to be responsible for accompanying and caring for the family members of \_\_\_\_\_ as an escort if evacuation from an overseas area becomes necessary.

TYPED OR PRINTED NAME

SIGNATURE

WITNESS

WITNESS SIGNATURE

**PART IV. FOR IN-SERVICE COUPLES ONLY**

14. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME &amp; SSN OF SPOUSE

SIGNATURE OF SPOUSE

**PART V. COMMANDER CERTIFICATION**

15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER

DATE

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SPONSOR LETTER

\_\_\_\_\_  
DATE

Dear \_\_\_\_\_,

Let me take this opportunity to welcome you to Commander, Helicopter Tactical Wing, U. S. Pacific Fleet and to the San Diego area.

I am your sponsor. My work address is: \_\_\_\_\_.  
My work telephone number is: \_\_\_\_\_, and my home  
address and telephone number are \_\_\_\_\_.

You should have received by now a "Welcome Aboard" package from the Wing Commander describing the condition and availability of Navy/Civilian Housing and temporary lodging in the area. Several other brochures contain details in the San Diego area with enclosures which you may find very helpful.

Again, I welcome you and I stand by ready to assist in any way possible.

FI. MI. LAST NAME  
RATE/RANK      USN

Encl (6)



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<b>NOTICE OF CHANGE OF ADDRESS</b>			DATE:
OPNAV 5110/5 (Rev 3-90) S/N 0107-LF-009-2500			
NAME (Last, first, middle)		RANK / RATE	SOCIAL SECURITY NUMBER
PRIVACY ACT STATEMENT: Authority: Title 39 USC and DOD/US Postal Service Agreement, 2 Feb 59. PRINCIPLE PURPOSES: To route or forward (directory) mail. ROUTINE USES: Used by military and civilian personnel in mail functions. Data are inspected by commanders, postal officers, and military and civilian inspectors. Disclosure is voluntary; however, failure to provide the requested information could result in inability to forward mail.			
NEW ADDRESS (Consult SNDL for address)		OLD ADDRESS (Attach mailing label for publisher)	
ESTIMATED REPORTING DATE		DEPENDENT'S NAME (If applicable)	
SIGNATURE			
FORWARD SECOND CLASS MATTER FOR 60 DAYS		THIS SPACE FOR POSTAL CLERK	
ITEM	YES	NO	
MAGAZINES			
NEWSPAPERS			

Encl (7)

Encl (7)

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1. Your help is requested in evaluating the effectiveness of our Command Sponsor Program. We ask that you complete this questionnaire based on your experience during the recent PCS move.

NAME: \_\_\_\_\_ RATE/RANK: \_\_\_\_\_

ASSIGNED TO (DEPT/DIV): \_\_\_\_\_ DATE ARRIVED: \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_ RATE/RANK: \_\_\_\_\_

1. Were you assigned a sponsor before arriving? \_\_\_\_\_

2. Are you:

Married (accompanied) \_\_\_\_\_ Single (unaccompanied) \_\_\_\_\_

Married (unaccompanied) \_\_\_\_\_ Single (accompanied) \_\_\_\_\_

3. Did your sponsor assist you in the following?

YES NO

\_\_\_ \_\_\_ Meet you upon arrival?

\_\_\_ \_\_\_ Arrange temporary transportation for job and initial shopping needs?

\_\_\_ \_\_\_ Arrange for temporary lodging?

\_\_\_ \_\_\_ Have a positive attitude toward command and local area?

\_\_\_ \_\_\_ Write to you before you arrived in the area?

\_\_\_ \_\_\_ Were your questions answered timely and accurately?

\_\_\_ \_\_\_ Show you around the command, base, and local area?

\_\_\_ \_\_\_ Assist you in other areas to get settled?

4. What information did you receive from your sponsor and command prior to arriving?

\_\_\_ Letter only \_\_\_ Welcome Aboard Package \_\_\_ Both \_\_\_ None

5. Overall, how would you rate the helpfulness of your sponsor?  
(Rate 1 (very poor) to 5 (excellent))

1            2            3            4            5